2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 AM
Secretary of State

DOCUMENT# N96000004066

Entity Name: JOHN SHIVER MINISTRIES INC

Current Principal Place of Business:

619 ERIN WAY
BROOKSVILLE, FL 34601

New Principal Place of Business:

Current Mailing Address:

619 ERIN WAY
BROOKSVILLE, FL 34601

New Mailing Address:

FEI Number: 59-3396219 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHIVER, JOHN D REV
619 ERIN WAY
BROOKSVILLE, FL 34601

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: SHIVER, JOHN D
Address: 619 ERIN WAY
City-St-Zip: BROOKSVILLE, FL

Title: VP ( ) Delete
Name: SHIVER, EVETTE D
Address: 619 ERIN WAY
City-St-Zip: BROOKSVILLE, FL

Title: T ( ) Delete
Name: GAMBLE, MILFORD
Address: 2833 -14 PL
City-St-Zip: MERIDIAN, MS 39305

Title: T ( ) Delete
Name: GAMBLE, DORIS
Address: 2833 -14 PL
City-St-Zip: MERIDIAN, MS 39305

Title: T ( ) Delete
Name: RICHARDSON, CLARK
Address: 225 SHIRLEY DR
City-St-Zip: COLUMBUS, MS 39702

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EVETTE D, SHIVER VP 04/30/2002
Electronic Signature of Signing Officer or Director — Date